PART B - FEE(S) TRANSMITTAL

Complete and send this form, together was applicable fee(s), to: Mail Mail Stop ISSUL FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the SSUE FIEE and PIBELOCATION (FEE (of required). Blocks I through 5 should be completed when upgroups and interest correspondence and offered on the animal terms of the similar to the current correspondence and the similar to the similar to the current correspondence and the similar to the similar to

10854 7590 02/09/2009 RANKIN, HILL & CLARK LLP

38210 Glenn Avenue WILLOUGHBY, OH 44094-7808 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being fassimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

 (Depositor's name)
 (Signature)
(Date)

						(Depositer's name)
			<u> </u>			(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/596,051	05/26/2006		Toru Takenaka		SAT-16655 1188	
I'ITLJ: OF INVENTION	: CONTROL SYSTEM	FOR MOBILE BODY				
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAtD ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0 \$1810 05/11/2009		05/11/2009
EXAM	EXAMINER ART UNIT		CLASS-SUBCLASS]		
PAUL, AN		2837	318-568120			
The Address' indication (or "Rec Address' Indication form FOTOSIMS') Rev. 03-02 or innover recens) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE AFTEN (figure or type) PLEASE NOTE: Unless an assignee as identified below, no assignee data will appear on the patient. If an assignee is identified below, the document has recording to the CFA 3.11 Completion of this form is NOT a substack for filling an assignment. (A) NAME OF ASSIGNEE HONDA MOTOR CO., LTD. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan					locument has been filed for	
Please check the appropriate assignee eategory or eategories (will not be printed on the patient) Individual Id Corporation or other private group entity Ide					shown above)	
5. Change in Entity Sta a. Applicant claim NOTE: The Issue Fee ar interest as shown by the	CMALL ENTITY etc.	us Sec 37 CFR 1 27	☐ b. Annlicant is no lo	nger claiming SMAI	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
	/David E. Spaw/			Date April		

Typed or printed name David E. Spaw Registration No. 34732

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to fit (and by the USF1O to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to the 17 minutes to complete, including guidance, prepared to the complete application form to the USFTO in the will are of complete guidance of the total confidence of the complete guidance guida

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